# The Trusted Messenger

Bonnie Gilmore, Recovery Coach, Rosecrance Ware Center

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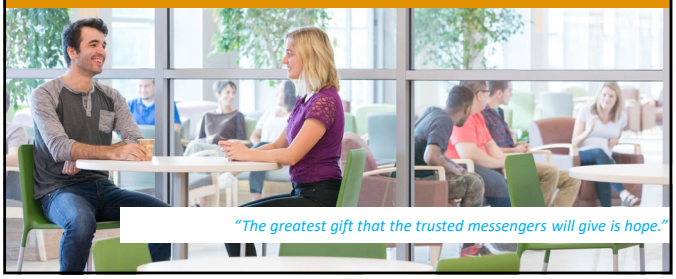


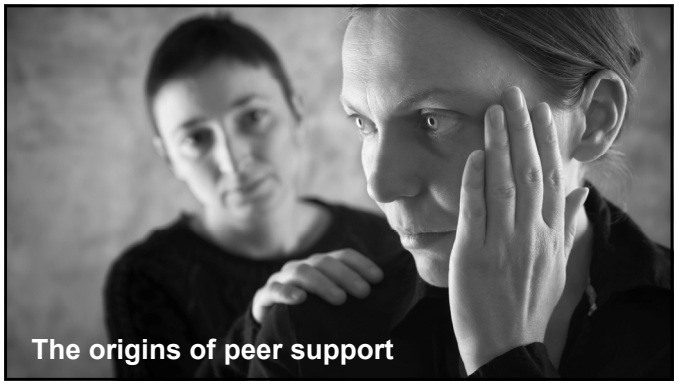
*"The greatest gift that the trusted messengers will give is hope."*



## Introductions

Bonnie Gilmore, MHP, CRSS

- Recovery coach with 25 years of experience supporting individuals with serious mental health needs
- Named a 2021 Peer Specialist by the National Council for Behavioral Health
- Driving force of the Living Room program at Rosecrance, which offers recovery education, resources and connections to support in a quiet, inviting space
- Known for always putting a priority on social connections and inclusion



## The origins of peer support



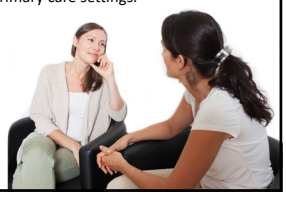
## Origins of peer support

- Larry Davidson, Professor of Psychiatry at the Yale School of Medicine, tracks the beginnings of peer support to a psychiatric hospital in late 18th century Paris.
  - The governor of the hospital recognized the value of employing recovered patients as staff.
  - Peer staff were praised as being "gentle, honest, and humane."
  - Hiring former patients marked a shift in the philosophy of mental health care that ushered in the "moral treatment" era.
- Davidson found peer staff were involved in other inpatient settings.



## Progression of peer support

- Peer support surfaced again in a hospital setting in the 1965.
- Professionals in community mental health were among the first to advocate for the integration of peers into primary care settings.
- In 1967, Emory Cowen proposed a model of community mental health care that requires the employment of nonprofessional peers in the development, implementation, and evaluation of community interventions.





## Community mental health and peer support

- In contrast to the system of care provided in big state hospitals, community mental health emphasized:
  - Primary care
  - Matching the needs of the population
  - Employing "indigenous nonprofessionals" or peers in the development, implementation, and evaluation of intervention programs

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## Mental health consumer movement

- The mental health profession was slow to adapt peer support, but the philosophy was widely used by mental health consumers.
  - The mental health consumer/survivor movement has been a driving force.
  - In the 1970s, state hospitals across the country closed down, releasing patients with severe mental illnesses into the community with inadequate transitional support.
  - Patients began to speak out about systematic mistreatment and denial of civil liberties while under the care of state mental hospitals.
  - Once released, former patients sought relief through autonomous peer and mutual support groups.

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## Mental health consumer movement

- In its most radical period, the mental health consumer movement sought autonomy and rejected traditional modes of care.
- The movement changed course in the 1980s as it reached out to governmental and professional organizations.
  - This period of re-engagement led to improved mental health practices, funding, and a boom in peer support services.
  - Peer support specialists in the mental health field were among the first to be certified and qualify for state and Medicaid reimbursement.

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## Background/history

- 1920s—Henry Sack Sullivan employed patients
- 1935—Alcoholics Anonymous
- 1967—Emory Cowen proposed a model of community mental health care by non professionals
- 1974—CISM, Dr. Jeff Mitchell
- 1990—Studies on efficacy of peer support
- 2001—World Trade Center 9/11
- 2007—Certified Peer Support Specialist–Tennessee
- 2009—NFFF in Baltimore
- 2013—IAFF Peer Support Training


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## Who is a peer support person?

SAMHSA:

A peer support worker is someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. They provide non-clinical, strengths-based support and are "experientially credentialed" by their own recovery journey. Peer support workers may be referred to by different names depending upon the setting in which they practice. Common titles include: peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.

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## What do peer support people do?

- Inspire hope
- Walk with people
- Dispel myths
- Provide self-help
- Support people

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## Peer support is an evidence-based practice

In 2007, the director of the Center for Medicaid and State Operations declared peer support services.an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders."

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## Peer support

- Helps reduce symptoms
- Creates commitment of individuals to treatment plans and goals
- Improves quality life
- Lower health care costs in non-clinical environment

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## Peer support specialists

- Are currently or formerly in treatment for mental health or substance abuse services and have insights from their own recovery
- Offer emotional and trauma support
- Share their personal recovery stories and promote wellness
- Assist peers on how to live productive and happy lives

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## Peer support specialists

- Provide consultation, training, and technical assistance
- Offer individual and group peer counseling and can become a trained facilitator for WRAP (Wellness Recovery Assistance Planning)
- Understand challenges and assist peers on accessing community resources, support groups, employment, medical and housing assistance/benefits

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## Starting a peer support program (PSP)

- Create the mission statement
- Define peer support program
- What are your primary goals?
- How will the PSP operate?
- How is the program administered?
- How are peers selected to be on the team?
- What education and training is required?
- How will you complete your goals?

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## Recruiting peer support

There are currently 255 CRSS-certified individuals in Illinois.

**Requirements:**

- High school diploma, GED, or higher education
- Advocate for individuals using professionalism and non-adversarial approach
- Willingness, ability, and commitment to serve as a role model for recovery
- Valid Illinois driver's license
- Minimum (RSA certification)

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## Living Room model


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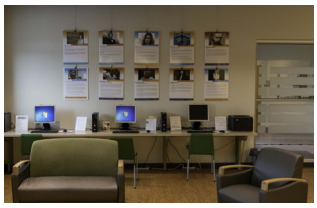
## Living Room model



**What clients liked about their visits:**

- "The company"
- "It's comfortable and relaxing."
- "Hospitality"
- "Support"
- "They make me feel welcome."

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## How and where

- Peer and recovery support specialists
- Forensic support specialists
- Substance abuse support specialists
- Homeless support specialists
- Bridgers
- Self-directed care coaches
- Peer-run drop-in centers
- Peer-run employment services
- Peer-run supported education services


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## How and where

- Peer-run self-directed care programs
- Peer-run warm lines
- Peer-run crisis lines
- Peer involvement in crisis intervention
- Peer-run respite facilities
- Peer-run crisis units
- Peer-run housing services


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## Things to consider

- Where else could peers supports be needed?
- Training requirements
- Who do the peer supports go to?
- Assessment of suitability
- What is the future of peer support programs?
- Many different titles

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## The evidence

- Reduced re-hospitalization rates
  - Participants assigned a peer mentor had significantly fewer hospital days and re-hospitalizations than those without a mentor.
  - TN PeerLink program showed a 90% decrease in the number of acute inpatient days per month.
  - WI PeerLink Program showed a 71% decrease in the number of acute inpatient days per month.
  - In two of their managed care contracts, Optum saw an 80.5% average reduction of inpatient days for individuals who had at least two hospitalizations per year.

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## The evidence

- Reduced inpatient days
  - Recovery Innovations in AZ saw a 56% reduction in hospital readmission rates.
  - Pierce County, WA reduced involuntary hospitalization 32% by using certified peer specialists offering respite services, leading to a savings of $1.99 million in one year.
  - Optum Pierce Peer Bridger programs served 125 people. All consumers had been hospitalized prior to having peer coach, but only 3.4% were hospitalized after getting a coach.
  - In a study of 76 individuals in the care of Yale-New Haven Psychiatric Hospital, individuals in the peer mentor group had double the average time to psychiatric re-hospitalization than those receiving standard care.

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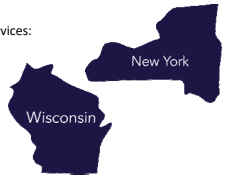
## The evidence

- Data from the Peer Bridger model created by the New York Association of Psychiatric Rehabilitation Services (NYAPRS)
  - Decrease in number of people who use inpatient services:
    - New York—47.9%
    - Wisconsin—38.6%
  - Decrease in number of inpatient days:
    - New York—62.5%
    - Wisconsin—29.7%
  - Increase in number of outpatient visits:
    - New York—28.0%
    - Wisconsin –22.9%
  - Decrease in total behavioral health costs:
    - New York—47.1%
    - Wisconsin 24.3%




*The New York-based outcomes were achieved via the application of the Peer Bridger model.*

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## Those receiving peer support have:

- Increased quality of life
- Increased hope though positive self-disclosure, role modeling, and self-care of the peer support
- A reduction of depressive symptoms
- A greater rate of employment
- More of their community resource needs met through the program
- Increased social networks
- Higher senses of empowerment and confidence

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## Peer support increases whole health

- The preliminary study findings of the Peer Support Whole Health and Resiliency (PSWHR) randomized controlled trial demonstrated the following results:
  - 100% reached whole health goals, such as:
    - Eating five healthy meals per week
    - Jogging 20 minutes twice a week
    - Eating seven servings of fruit and vegetables a week
  - Participants had:
    - An average of 3.8 health conditions
    - Significant decrease in bodily pain
    - Significant increase in hopefulness
    - Significant decrease in substance use

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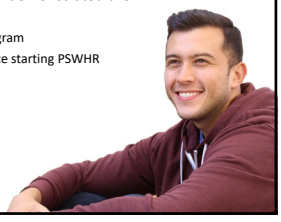
## Peer support increases whole health

- The preliminary study findings of the Peer Support Whole Health and Resiliency (PSWHR) randomized controlled trial demonstrated the following results:
  - 78% of participants were very satisfied with the program
  - 89% self-reported improvement in whole health since starting PSWHR
  - 100% of participants liked:
    - Listening to others' challenges and successes
    - Forming a meaningful relationship with PSWHR teachers
    - Focusing on setting simple, achievable health goals



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## Updates in the peer support movement

- This summer, mental health advocates met with health officials regarding the 2022 proposed rule to request that peer support services clearly be included in payment rates for team-based integrated behavioral health care services delivered in primary care.
  - This is because peer support aids individuals in setting and achieving their recovery goals through emotional, informational, and other assistance and is an evidence-based practice that reduces hospitalizations and illness.
  - **However, the proposed rule did not include this clarification to allow payment for peer support as part of integrated care.**

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## The stigma barrier

- Stigma associated with mental illness is a big barrier.
- We want to ensure safe and healthy communities in which we live.
- It will take all of us to help break down the stigma of mental illness and treat it as any other medical condition.


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## Any questions?

Contact Bonnie Gilmore at
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## Sources

1. A Brief History of Peer Support: Origins | Peers For Progress
2. https://www.nasmhpd.org/sites/default/files/Peer%20Supports.Patrick%20Hendry.pdf
3. Evidence for Peer Support May 2018.pdf (mhanational.org)
4. IAODAPCA (Illinois Alcohol and Other Drug Abuse Professional Certificate)

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